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ORIGINAL ARTICLES.

SOME SUGGESTIONS ON THE TREATMENT OF NEURITIS.*

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I DO not include in this paper any of the degenerative forms of neuritis, or any of those types which are at all general; such as multiple neuritis. I propose to confine myself purely to a localized condition of a nerve, and to the purely inflammatory type, as we understand inflammation with its resulting hyperæmia. There is a classification of this form of neuritis based upon the location of the inflammation. For instance, when the perineurium is the seat of the congestion it is a perineuritis. If the tissue binding together the bundles of nerve fibres is the seat of the inflammation, it is an interstitial neuritis, and when the fibres are primarly affected it is a parenchymatous neuritis. While this is the most popular classification, practically all writers admit that it is difficult to discriminate clinically these types. One reason for this is, neuritis does not cause death. It is, therefore, impossible to verify the exact pathology and classify it with a clinical record. I believe, however, there are three distinct clinical types of neuritis which may consistently correspond with the above classification, yet it is improbable that parenchymatous neuritis exists idiopathically.

The inflammation, when we exclude the degenerative type, would naturally begin with the perineurium and work inwardly. The three types of neuritis which I am about to describe may be, and often are, entirely distinct, yet they are at times so intermixed that it is difficult to draw the line, yet, if one observes closely in the early stage of the disease, it will be easy to distinguish one from the other. The description I shall give is drawn entirely from my own clinical experience, independent of various descriptions extant of the disease. There are many factors in the etiology of nueritis, many perhaps unknown, but there are three distinct causes which we recognize. Pressure from dislocation of the spinal vertebra, growths of various kinds, splints or other apparatus which the surgeons make use of. Faulty position in standing or walking, producing that form of brachial nueritis which is so obstinate, will often be cured by certain exercises that develop a more erect posture. Sciatica may also be due to a disclocation of the vertebræ. This, I believe, is also the chief cause of intercostal neuritis. Deposits around broken bones may produce neuritis by pressure, and one of the most frequent causes is the pressure from scar tissue after operation. Neuritis from cicatricial pressure is more common after operation on the kidney than other operation with which I am acquainted.

Another form of neuritis is undoubtedly rheumatic or gouty in origin. It is easy to distinguish this type as it is so promptly and permanently relieved by antirheumatic or gouty treatment. When the pain is quickly and permanently relieved by antirheumatic treatment, it is fair to assume that the condition was either rheumatic or gouty in its origin. Pain may be temporarily relieved in most any form of neuritis by the use of aspirin, but it soon returns with all its original force, unless it be of rheumatic origin.

There is distinctly a traumatic form of neuritis. This is so evident that it needs no argument to convince one who has treated many of these cases. By traumatism, I refer to a distinct injury from the outside, and not such as I have described under pressure neuritis, which might be more or less traumatic in origin.

In those cases where the perineurium is the only part of the nerve involved, the attack is ushered in by a slight pain without any noticeable soreness, except on severe pressure. The pain is not well defined along the course of the nerve, but the patient will complain of a pain in the affected region. There is no numbness, no interference with movements, as this does not aggravate the condition, and for a long time it causes so little inconvenience that the patient often does not consult a doctor until weeks or months after its inception. As it progresses, its characteristics continue, except the pain increases in severity. There is no change in the skin, no change in nutrition, the limb remaining, so far as inspection reveals, normal. As the disease progresses, the more the pain becomes confined to a certain group of nerves. This condition may remain for months or years, but usually clears up and the patient remains well. At no time is reaction of degeneration present. There may be, in

*Read at the 1914 meeting of The National Society of Physical Therapeutics.

the early stage, a slight quantitative increase, but even this is unreliable.

The type which represents the interstitial variety is, from the beginning of the attack, more severe than the foregoing. It is also more defined from the first, and the pain is accompanied by a diminution of tactile sensibility. The limb has a sensation of heaviness or weakness. If in the arm, the fingers seem stiff and the hand is closed with difficulty. As the disease progresses the arm becomes more or less helpless, the joints of the wrist and arm are involved to a point of almost complete rigidity, but there is no deformity. Nutrition is interfered with, and the involved parts shrink. The skin becomes apparently thinner and paler, having sometimes a translucent appearance. The effect on the general health of the patient is marked. This condition never entirely disappears. The helplessness of the arm will remain long after the pain has ceased, and it will be necessary to work up the joints of the hand, fingers and wrist, and to increase nutrition in the parts. Much may be done in these cases to restore the arm to usefulness, but I do not believe the limb ever recovers from the effects of the attack.

The parenchymatous type is generally ushered in with a severe chill. The pain is very severe from the first, and the part affected soon becomes helpless. We have here a constitutional as well as a localized condition. Within a very few days from the onset of the attack, there are evidences of nutritional impairment. The integument first shows signs of congestion, later a paleness. This is followed by a desquamation of the epithelium. Ofttimes the whole limb turns very dark. I have seen an arm entirely bronzed. I have often seen cases where great casts would form, and when nature finally threw them off there would be exposed a thin, pale skin, translucent in appearance, but another cast would soon form. This condition, however, is rare and only occurs in the severest types. The joints are involved early in the attack. They not only become stiffened, but deformity takes place; toes are drawn out of position; the foot is drawn one way or the other; the fingers turn backward from the knuckles; the wrist assumes the shape of a silver fork fracture; the elbow becomes rigid. There is a quantitative increase in reaction during the first stage. This is quickly followed by a quantitative decrease, which is superceded by a complete reaction of degeneration. Recovery takes place very slowly, and I have seen progressive improvement for several years. I have, however, never seen a complete recovery. When the reaction of degeneration has been but slight conditions may return to nearly normal, but when severe not much can be hoped for. To give back a useful limb is the best that can be expected, and the usefulness will always be impaired. Prognosis, according to my experience, is better when a nerve in the leg is involved than when in the arm.

The general management in the treatment of neuritis must be as varied as the conditions differ. One thing, however, is certain, the treatment must be entirely different at different stages of the inflammation. The object to be desired, in the early or rising stage, should be the cutting short of the attack, lessening the severity of the inflammation, preventing exudations and consequent plastic deposits, and, if possible, to avoid destruction of nerve tissue, and when this is impossible, to limit it.

The first principle involved in the treatment is perfect quiet and rest. Not only rest of the member as a whole, but prevent as much as possible the unnecessary conduction of impressions through the inflamed nerve. It is not difficult to carry this out in the severe types as the pain and soreness, not only incapacitates the member, but makes the patient quite willing to enjoin perfect rest upon the affected member. With the less severe types, such as I have been accustomed to look upon as perineuritis, it will ofttimes be difficult to get the patient, especially a man, to give the required rest, and it is not so absolutely necessary here, although recovery will be more rapid. The treatment should be given with the idea of reducing irritation, lessening congestion and soothing the pain. It may be necessary to give narcotics, and some rather strong ones in the more severe types, for they do less harm than the terrible racking of the nervous system which takes place without their use. They should, however, be avoided when the pain is not so great, and should be discontinued as soon as possible. The morphine habit has probably been acquired more frequently in the treatment of neuritis than in any other disease. With the rheumatic type, aspirin and other remedies of this nature, will produce very rapid and permanent relief, when it is not rheumatic the relief will be only temporary.

Of the local applications, I believe there is none so effective, temporarily as well as leading to permanent results as heat. It should not be understood by this that any kind of heat will answer the purpose, for radiant heat far surpasses any other form. The heat of low rate vibration, such as is produced by the application of hot water bags, electrothurms, poultices of various kinds, while good, is certainly inferior to the higher rate of radiant energy. I believe that even the different rates of vibration composing the spectrum are of varying utility in the treatment of neuritis. In my hands, the yellow ray has apparently been most effective. Yet any form of radiant energy produced by a large electric lamp may be employed with more or less success. The amount of radiant energy applied is important. It is just as possible to make too great and prolonged an application, as it is not to make application enough. When this radiant energy is applied, there first comes a blush to the surface. If the application is now discontinued

this will soon disappear. The application should, therefore, be continued until there is a deep redness through the entire member. At this point it should be discontinued, or the bright red color will change to a darkened hue showing a venous congestion is taking place, and this should always be avoided.

The electrical treatment is most important. In my judgment, the application of the galvanic current, in the acute rising stage, is best. I give a descending current down the nerve of not more than fifteen minutes' duration. The current is gradually increased to ten or fifteen ma., and is gradually decreased. This treatment is given daily, and should be continued so long as those symptoms are present indicating an acute active inflammation.

The treatment of the second stage does not differ from that of the first stage in the application of radiant heat, but the electrical treatment should be changed. High frequency currents should be substituted for that of the galvanic. The tinfoil electrodes, well moistened and soaped, should be placed in the same position as were the galvanic electrodes, and a current of one thousand ma. given for from twenty to thirty minutes. It should, however, be understood that in making the high frequency application the currents should be from an apparatus giving off a rate of frequency of at least two millions per second, that the apparatus is smooth running, and the spark gap working perfectly. If the apparatus does not fill these requirements, high frequency currents should not be employed, for a low rate of vibration, or an imperfect working apparatus will aggravate rather than relieve the condition. Under such circumstances the galvanic current should be continued through the second stage.

In the beginning of the third stage, the galvano-faradic current may be employed, and the application made labile over the entire affected region. The active electrode employed for this purpose should be the one connected with the negative galvanic, while the positive is applied over the origin of the nerve. The heat application may be discontinued in this stage. We now come to the point where we must invigorate and increase the conductivity of the nerve, improve nutrition to the entire region, by increasing the flow of nutritive fluid to the part, and stimulate metabolism. It is here where massage will assist, always, however, with due caution and judgment. This may be done so far as the electric treatment is concerned with the sinusoidal current. This sinusoidal current should play an important part in the treatment of neuritis, providing an apparatus is at hand from which a sinusoidal current can be obtained, and not merely an alternating current, and one that the rate of alternations can be graduated from twenty to three hundred per minute. If this current is applied early in the disease, in which it is at times very useful, the strength of current should never be strong enough to produce the slightest contraction. When it is given later in the disease, for the purpose of massage, the current should be of sufficient strength to produce gentle contractions with each cycle of the current, which should not be more than from twenty to fifty per minute. If, however, the muscles show a sign of weakening after a few contractions, the application should be made of short duration. Well regulated exercises should be carried on as a part of home treatment.

Hot and cold applications may be used. Any expedient which tends to improve nutrition, restore tone and vigor may be resorted to, providing it is done with caution.

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TUBERCULINE IN INCIPIENT PULMONARY TUBERCULOSIS.*

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IT should be borne in mind that tuberculine is strictly homœopathic to tuberculosis. There are not many peculiarities of tuberculosis which will not find their counterpart in the clinical pathogenesy of tuberculine as published in Guiding Symptoms (p. 350, Vol. X). This pathogenesy has been published since 1879-1885. Whether Dr. Koch, of Berlin, got his idea of the curative possibilities of tuberculine from our colleague, Dr. Burnett, of Brighton, England, or not, we are unable to say, but it was not until the summer of 1896 or some ten or eleven years after Dr. Burnett that Dr. Koch startled the world by asserting that he had discovered a cure for pulmonary consumption. But though he announced with such *sang froid* that he had a cure, he failed utterly to show *any body* a cured patient. If action and a surmise may become the premises, the conclusion is easy that he sneered at the infinitesimal doses of Dr. Burnett as insignificant, and butted in with the usual brutal allopathic dose, which, as we remember, it was as much as five mg. to begin with, and that repeated twice a week! Small wonder is it that the subject of such abuse was hurried on to a certain but untimely end. And *worse than that*, all of the ordinary tubercular facies were strangely aggravated! Somehow the "regulars" have finally "discovered" that drugs may make a well man sick and even a sick man sicker under certain circumstances, but unfortunately they have not yet "discovered" what these certain circumstances are. But they are learning, and by and by may "discover" what we Homœopaths have been teaching and practicing for more than 100 years. For example, Dr. E. S. Bullock, of Silver City, New Mexico, has learned by experience (see *Journal Medical Association*, June, 1911) that

*Read at Kansas City.

"no dose of tuberculine larger than a millionth milligram (6th decimal) is safe to begin with," and "occasionally marked reactions will be witnessed in afebrile cases in so small a dose as 8/1,000,000 mg. In such cases it becomes necessary to start with the .000,000,1 mg." Thus it will be seen that Dr. Bullock is far in advance of his colleague, Dr. Koch, in that he inclined a willing ear to the precepts of that wonderful teacher, Experience. Dr. Burnett used both the proper remedy and dose, but with his many *cures as evidence* he could not catch the popular ear and the world in the 19th century repeated the tragic errors made in the first of having ears but hearing not; in having eyes and refusing to see. Somehow humanity is always much alike, and even now will listen *only* to what it wants to hear, and even what it wants to hear must be said by some one in the popular favor. "Is not this the carpenter" is as fatal to its subject to-day as it was in far away Nazareth in Galilee two thousand years ago.

It must be remembered that it is upon the similitude of the pathogenesy of tuberculine to tuberculosis (*i. e.,* its homœopathicity) that its curative action depends. But in these days this fact must be *restated in current parlance.* Nowadays *"immunity"* is the hypothesis which sums up all the arcs into the completed circle, and in turn, reduces that completed circle to an approved medical square. What was aforetime known among the Homœopaths as an "aggravation" is now approved by the "regulars" as the "negative phase." We once obtained "improvements" which lasted a greater or less length of time. To be "scientifically correct" now we must allude to such as the "positive phase," *i. e.,* when the "opsonic index" is high. The comfortable *fact* remains the same, however, that the patient is benefited regardless of the change of nomenclature.

Accordingly, when too much tuberculine is given (or when the dilution is too low) we add to the condition in the system of the patient an identically similar conditions, the sum total of which, together with his pathological state, becomes manifest by an intensification of the present symptomatic manifestations, moreover, the actual pathology is perceptibly increased and we induce a "negative phase." The addition of tuberculine, besides augmenting the present symptomatic manifestations, has the peculiar faculty of arousing and awakening an added power of systemic opposition to the disease, and we have an aggravation or the negative phase intensified. The vis medicatrix naturæ is thus stimulated above its usual capacity so that within a comparatively short time after the excessive dose a sharp conflict is set up as manifested by a distinct rise of temperature and the vital forces, if sufficiently strong, rise to the occasion and repulse the new invasion, which will subsequently be marked by a lower temperature, whereupon the positive phase ensues until the reactionary quiescence of the vital spark allows a natural negative phase to again assert itself. Now and only now is the time to repeat the dose of tuberculine when a reaction has occurred. This will greatly intensify the natural negative phase and the reaction will be severe in direct proportion to the ability of the system to oppose the new invasion and the amount of tuberculine administered. Tuberculine thus given will phase after phase follow each other throughout the treatment, negative and positive, negative and positive. But the amplitude of the positive wave will depend upon and be in proportion to the depression of the negative. When the time arrives that no negative phase follows the administration (hypoderime) of a dose of tuberculine the subject is then said to be cured or immunized. *This hypothesis is not a glittering platitude but works out quite satisfactorily in actual practice.*

In purely incipient pulmonary infections one can cure fully ninety-five per cent. of all cases in about three months. When the tubercular process involves other structures than the lungs, *e. g.,* the bones, the cure is usually much quicker. But the tubercular infection which in its incipiency seems to be pure does not remain pure very long, but becomes mixed with the staphylo- and streptococcus and other pus forming organisms. We believe that the characteristic facies of consumption are mostly, if not entirely, due to this superadded, *i. e.* (mixed) infection. This assumption will easily explain why all cases are not imprroved by the administration of tuberculine alone, and also why it is of no apparent service at all in still other cases.

Please give particular attention to the following because we believe that the slightest misunderstanding of the following paragraph might lead to most disastrous results and thus defeat the very purpose for which it is written. It must constantly be borne in mind that tuberculine improperly used is *a most dangerous remedy.* One may easily kill his patient with it notwithstanding all his good intentions. This warning applies, especially to the pretubercular infections, the especial field of tuberculine. When the infection has become mixed as is manifest by bloody or blood streaked expectoration, rise of temperature, chills, night sweats, loss of weight and appetite, we have another sovereign remedy in mixed infection, Phylacogen, as prepared by Dr. A. F. Schafer, of Bakersfield, Calif. The results following the administration of this remedy are nothing short of marvelous according to our experience. Two c.c. hypodermatically is the usual initial dose. Within thirty minutes the reaction usually begins to show itself. This is mostly in the form of a chill of variable intensity and duration followed by a decided rise of temperature (3 or 4 degrees Fhar.), which subsides in about six hours, to be followed in the most (favorable) cases by a morning subnormal tem-

perature, sometimes as low as 96° F. Occasionally this reaction is accompanied by such adventitious symptoms as intense flushing of the face with a smoothing sensation with more or less cardio-vascular disturbance, nausea, vomiting or griping in the abdomen with purging, eruptions on the skin, etc., etc. But while these manifestations are annoying and undesirable, the ultimate benefits to the patient are so great that he is not only willing but glad to endure them and the local pain and soreness caused by the injection for the benefits derived. When I say that Phylacogen acts in a given case of tuberculosis as an intercurrent antipsoric dose in some chronic cases, the Homœopaths will the better understand me and it. By a judicious use of it all of the gruesome symptoms are abated.

In addition to tuberculine and Phylacogen the homœopathic constitutional remedy ought always to be most diligently sought. This will usually be found to be one of the deep acting antipsorics and one which we have usually found was indicated in some complaint of infancy and one also which the patient never once received. Calcarea carbonica or Calcarea phosphorica, Silicea, Kali carbonicum, Natrum muriaticum or Sulphur, possibly Baryta carbonica, will most often be found to be of signal service as intercurrents in promoting the favorable action of the tuberculine. This latter fact gives rise to a distinct suspicion that there may be a possible antitoxin action on the part of the tuberculine and possibly the Phylacogen also, although this action is not usually assigned to either. Sometimes the "indicated remedy" alone will be sufficient to cure, but this is not often the case. Whether from faulty selection or otherwise is not to the point, for the staggering clinical fact remains that the patients taking the similimum alone usually continue to decline unless pulled out by tuberculine assisted by Phylacogen, assisted by organic iron with nucleine.

The curable cases are, of course, the incipient cases. Then what is an incipient case. Our experience is that it is not the case usually so named by the text-books. Not that we wish to "sling mud" at the text-books, for they are all right in their way, but in order to avoid the possibility of diagnostic quibbling or carping purposeless criticism, they assume that no case is tubercular until the tubercle bacillus can be demonstrated in the sputa. To be sure no one will question the diagnosis in the face of such a finding, but the plain inference from that fact is that ulceration and breaking down of tissue must be taking place at the time. And it must be equally obvious that the tubercular involvement has existed for even a considerable time prior to the tissue destruction else the general rule of an incubation period in infectious diseases is utterly discredited. In fact, it seems to be tacitly generally agreed that all who develop tuberculosis were infected previous to or about the second year of life. The infection lying latent subject to the domination of the via medicatrix until some great physical or mental ordeal, sometimes shock or some kind of systemic infection reduces the vital resistance sufficiently to permit the growth of the tubercle bacillus. While it is beyond doubt that the text-book incipient case is still curable, the cure is mostly difficult, tedious and delayed. The diagnosis of early, tedious, then, must rest on clinical evidence. For the most vivid imagination could scarcely depict a case *without* symptoms of *any kind* previous to expectoration containing blood or tubercle bacilli. Fortunately for the diagnosis the clinical evidence is sufficiently ample. Our observation has been that an incipient case is characterized by a variety of evidence. Most often it assumes the form of persistent "nasty cough" which holds on and on after all the other symptoms of the previous attack of "bad cold," grippe, pneumonia, typhoid fever, or other exhausting conditions have cleared up. "Home remedies" and maybe a doctor or two have failed to benefit the patient while the cough hangs grimly on. We wish to admonish all who have such a patient with such a history to *immediately* make a critical examination for physical evidence in the patient's chest. Do not allow absence or hereditary taint to influence you or delay the examination at all. *No ordinary consideration should be allowed to prevent such a quest.* Only the slightest degree of dulness may be detected by the gentlest percussion in a very quiet room and may be none at all. But an increased vocal and tactile fremitus, increased spoken and whispered voice sound, and some crepitation and maybe rales with possibly restricted movement of the chest walls will usually be sufficient to establish the diagnosis, especially if conjoined to a daily rise of temperature (not much difference, however slight). Loss of weight together with the foregoing is of especial significance. Another symptom said to be of much signifiance is the disappearance of the radical pulse of the affected side when that arm is raised straight above the head or carried behind the back. I have verified this symptom a number of times. When it is possible to obtain a radiograph made by an expert it will often reveal quite clearly lymph nodular involvement at the apices or root of the lungs and the denser shading if present probably means tubercle bacilli invasion of the lung tissue proper. We should not, personally, pay great heed to the X-ray plate unsupported by clinical manifestations. In doubtful cases one can feel fully justified in giving ½ to 1 mg. of tuberculine hypodermically for purposes of diagnosis, but two or three weeks must elapse before any other dose is given more especially if the reaction has been somewhat asthenic.

Occasionally a patient's attention will first be called to something wrong by spitting a little blood or there may be an outspoken hæmorrhage. Bloody expectoration should be presumed to be

tubercular unless it can be traced to the nose, gums or throat, organic heart disease, actimonycosis or malignancy. Certainly no such case should be allowed to leave the office until after a thorough examination of the chest has been made which will probably reveal the seat of the trouble. An accentuated second heart sound is said to mean much and to be present in practically all cases. But since this is a matter of comparative intensity of sound it will be only of service, and, therefore, guiding to the most skilled expert.

There is another distinct mode of onset, one which is often seen and one with is *particularly* misleading. The patient's attention is first arrested by one or more rigors followed by fever and sweat. The chills are often recurrent and usually assume the tertian type and so closely simulate a malarial ague that almost any one might be excused for overlooking the lung condition for at least (and most) a week. But if the attack be not suppressed by quinine or the "indicated remedy" in that length of time, no further time should be lost in making a critical examination of the chest. The "niggar in the fence" will be easily located and counter proceedings must be promptly instituted. Lest we be misunderstood we wish to state that it is necessary to have *practically all* of each group of symptoms above named at *one and the same time* before the diagnosis of tuberculosis is justified on clinical evidence alone. Any one may have *any one* and may have *some two* of either group and not have tuberculosis. It is the patient with one or more whole groups of those symptoms who often, if not usually, develops unmistakable tuberculosis later on. Once the diagnosis is made it should be frankly stated to the patient, because there is no condition where the entente cordiale should be so full between the patient and physician as this.

The first thing to do for a patient is to order him to bed* where it were best to remain for at least a month with all the possible advantages of unlimited open air and *home sympathy and surroundings.* I regard it as nothing short of cruelty to order a patient to a change of climate among strangers where, nowadays, he is mostly unwelcome both by state and community. There are not many (if any) advantages of a change of climate, but there are *many disadvantages* if the change be even *possible.* An incipient case as herein described will usually yield to tuberculine, hypodermatically administered, in gradualy increasing doses in a comparatively short time. But the proper time for repetition of the dose is the sum total of the art of its use. We have found the clinical thermomteer the sole arbiter of that question. The patient's temperament should be taken four times daily, at 8 a. m., 12 m., 4 p. m., and 8 p. m. After a dose of tuberculine in febrile cases there will often follow a "reaction" or rise of temperature indicating that the natural negative phase has been intensified. This usually subsides in three or four days to the normal or thereabouts and so remains for another similar period when it usually begins to rise again. This is the termination of the positive phase and the time to repeat the dose, *certainly not before.* And so on as one phase follows another throughout the treatment. In the afebrile cases it is apparently safe to repeat the dose once a week or ten days, gradually increasing the dose about 33 per cent. each time. After a while a dose may be reached which will cause a sharp rise of temperature. This patient has then reached the point of intoleration for this drug and the last does was too large. Careful record must be made of this dose and then drop back at least ten doses and come up again as before, when it is usually discovered that the previous point of intolerance may be passed without any reaction, indicating increased immunity. But the reaction from the maximum dose must have all subsided for at least a week or more, before the smaller dosage may be resumed. It is the febrile cases where the Phylacogen appears to such advantage. It seems to divest the case of the mixed character of infection, thereby leaving the pure tubercular infection to be dealt with. The same rule for the repetition of tuberculine is to be observed with the Phylacogen, although the dosage of the latter is much larger. As yet it has not seemed necessary to prescribe any particular regimen. But whatever food taken should be most nutritious and prepared in such a way or to tempt the patient's appetite.

It is urgent that the patient should be made to realize, if possible, the tremendous importance of *eating well,* and that they *must eat.* Whatever they crave and *relish most* will usually be sufficient in calories; if not, then the deficit can be supplied, usually by proteids or fats. Alcoholics are generally interdicted and sleeping should be in the free open air. The latter may be easily accomplished at the convenience of the patient under the supervision of the family physician. The length of time required for a cure will, of course, vary with each case but three months seem to be sufficient to cure the cases in their *earliest* incipiency. And the time of cure is extended according to the time of involvement in the *curable* case. For all *incurable* cases great palliation may be confidently promised. Most or all of their horrible features can be abated and their progress toward the inevitable cheered and their misery so assuaged that they sink beneath the Stygian flood without being fully aware that they have yet reached its shores.

*This statement differs from what we wrote a year ago, but we are sure that it is better practice.

Up to the beginning of 1914 87 deaths have been attributed to Salvarsan.

THE NEGLECTED FIELD OF ANIMAL POISONS AS THERAPEUTIC AGENTS.

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Mr. Chairman, Members of the Institute, Ladies and Gentlemen:

In presenting this paper to the scientific homœopathic profession of the healing art, I make no claim to original research in an unexplored field, but rather would invite your attention to well established facts relating to animal poisons in their known effects upon the human organism, as observed in the various cases of poisoning from venomous bites.

Especially would I invite your attention to the records of the phenomena produced by poisoning from the bites of venomous *snakes*, and their analogy to many of the pathological states exhibited by the various diseases which afflict mankind.

I have had some experience in the field in different parts of the country with many of these venoms, and all of my experiences have been corroborative of the authenticity of such records.

However, I will only invite your attention to the *records,* submitting in the main my *personal experiences,* at the same time begging the indulgence of any who may be more familiar with the subject than the writer.

In regard to animal poisons, Dr. Mure makes the following statement:

"It is my belief that the poison of the serpents alone would, if sufficiently proven, furnish the safest and most rapid means of combating all human infirmities. Every epoch in the history of the world is undoubtedly possessed of therapeutic means which are more particularly homoopathic to the general character of its prevailing maladies.

"Hence, it is probable that when the human species shall have been freed from the miasms which now undermine its vitality, the simple flowers in the field will be sufficient to control the remaining indispositions.

"Whereas, we unfortunate heirs of the chronic miasms of all ages, lepra, scrofula, syphilis and a host of other subtle plagues, are compelled to employ the most frightful agents in order to meet the intensity of our diseases."

In describing the animal poisons Dr. Farrington says, "Many of the animal poisons are distinguished by the violence and intensity of their action, and by the decided alterations which they produce in both structure and function."

And that their whole tendency is to produce conditions which are never of a sthenic character and always of a destructive form. That they are apt to effect the mind, especially the emotions, and that they arouse the lowest qualities in one's nature, and produce a condition which is truly shocking. Some of them arousing the filthiest lust, the most intense anger and passions of a kindred nature.

There are approximately two hundred different species of venomous snakes, each specie being composed of more or less numerous varieties, making many hundred, each one of which presents a sequence peculiar of its kind in particular, the poison of each variety having lethal power and differing from the others in effects, the degree of virulence of each variety being influenced by habitat, *i. e.,* climate, altitude, etc.

Of the numerous snakes of which the effects of the bite is known, there are only *four* the pathogenesis of which have been sufficiently proven to give them rank as polycrests of therapeutic value, and only *one* has been accredited with *prophylactic* power, that being the *Crotalus horridus.*

It might *not* be inopportune to briefly review the history of this venom as a prophylactic of yellow fever.

In 1854 Dr. Wm. S. Humboldt, of New Orleans, observed that the galley slaves from Mexico, after having been bitten by some snake, which was supposed to have been the rattler, always had decided symptoms of yellow fever.

After instituting a series of experiments by inoculating with snake venom (supposed to have been the Crotalus horridus), he wrote the Governor of Cuba, stating that he had discovered a substance which would serve as a prevention of yellow fever, upon which the Governor invited him to Havana and placed a ward of the Military Hospital under his absolute control.

The inoculations were successful in producing phenomena analogous to yellow fever just as vaccination produces symptoms similar to smallpox, and the news of the discovery produced a great sensation among the people.

They considered it as important as the discovery of Jenner, and everyone was possessed with the idea that some means was now at hand to stem the current of the pestilence of yellow fever and thus render habitable to emigrants regions formerly forbidding.

Dr. Manzina was soon associated with Dr. Humboldt in his investigations, and during the winter of 1854 some 2,500 individual were inoculated.

In the summer of 1855 during an epidemic of some 500 cases of Asiatic cholera in the City of Havana those who had been inoculated with the *snake venom* were immune to *cholera.*

This is readily accounted for in that the second stage of yellow fever degenerates into the condition of cholera.

Though seemingly efficient the work of this experimentation was conducted in an unscientific manner, and proved so enervating to the life forces as to cloud the results, so that no exact data was ever obtained.

And after Dr. Manzina left the hospital, a vague, indefinite and contradictory report was made by the chief military health officer, at the

end of 1855, pronouncing inoculation for yellow fever a complete failure.

However, it is a known fact that of the number inoculated, but very few contracted yellow fever, and *those few* had it in very slight form, and it remains a well known fact in the fever district that those who have been bitten by a rattle snake are immune to yellow fever.

This becomes a significant and an important fact to the Homœopath, the failure of the experiment, calling to mind a parallel incident relating to the test of Homœopathy made in Paris by allopathic government directors in accordance *with* diagnosis and nomenclature and the resulting *negative report* which was the *beginning* and the *end* of official recognition of Homœopathy in France.

Dr. Mure instituted a proving of the venom of the rattle snake, Crotalus cascavella, in 1843, a record of which, in connection with the progressive symptoms of the bite, give the most complete analogue of the phenomena of yellow fever of any known substance.

Since that time Dr. Holcomb and others have *verified* the specific value of Crotalus horridus as *the remedy* in *epidemic yellow fever,* and *also in* black vomit or malignant bilious fever.

Since the time of the foregoing investigations and the later investigations of those three great scientists, Hering, Mure and Higgins, who were cotemporaneous workers, carrying on their experimentation in the most concise and scientific manner, vouchsafing to our therapeutics invaluable contributions, and pointing out as they did the possibilities of securing an antidote to every malignant disease to which mankind is a prey. I know of no attempt being made by the homœopathic profession either individually or collectively, to extend the knowledge of either the prophylactic or remedial efficiency of the snake venoms.

And this is so, notwithstanding the fact that the history of the great work accomplished by these investigators *has been, at all times,* in the possession of the "American Institute of Homœopathy."

Why it has not in all these years busied itself in raising funds to carry on such important work is a question that ever presents itself to the thoughtful.

To attempt to give even a short synopsis of each genera, speciæ and variety of the venomous snake, inflicting the wound, as well as the use of vidual peculiarities, the antibodies positively known including the blood and gall of the same snake inflicting the wound, as well as the use of the venom serums, would consume too much time for this paper.

I must eliminate all descriptions, both anatomical and chemical, and confine my remarks mainly to the known effects of the bites, their comparative lethal power, and their individual or collective analogy to other morbific conditions.

All scientists are agreed that the general effects of the venoms *of snakes* are represented by two grand divisions, viz.:

The cobra of the genera colubridæ and the lachesis of the genera viperidæ.

The effect produced by their toxic action is manifested in two series of phenomena. The first is *local,* affecting the seat of the bite only. The second is *general,* affecting the circulation and nervous systems.

Prof. Calmette says:

"It is remarkable to find how *great* is the importance of the local disorders when the venomous reptile belongs to the viperidæ lachesis group, while such local effect is almost nil in *the hydrophydæ* or naja, *i. e.,* colubridæ group.

"The effects of *general intoxication* on the contrary are much more intense and more rapid in the latter than in the former."

In considering the usual phenomena of snake poison in man, we must, therefore, take into account the essential differences of the effects of the various species and give a description of the clinical symptoms observed after a bite from a cobra or krate of the species colubridæ and those that accompany a bite of the lachesis of the species viperidæ.

The bite of a cobra, even if of large size, is not very painful.

It is especially characterized by numbness which, beginning in the bitten parts, rapidly extends throughout the body producing attacks of syncope.

The patient soon experiences a kind of lassitude and an irresitible desire to sleep. His legs scarcely support him. He breathes with difficulty, and his respiration becomes of the diaphragmatic type. By degrees the drowsiness and difficult breathing increase.

The pulse at first rapid, becomes slower and gradually weaker. The mouth contracts and there is profuse salivation. The tongue appears swollen, the eyelids drooping, and after a few hiccoughs frequently accompanied by vomiting and involuntary emissions of urine and fæces, the unfortunate victim falls into the most profound coma and dies.

The pupils react to light up to the last moment, and the heart may continue to beat for two hours after respiration ceases, and then stops on its diastole. All of these changes take place in a few hours, usually from two to four, rarely lasting longer. Cadaverie sets in very rapidly and persists for a long time, even after putrefaction has commenced.

When the reptile by which the bite is inflicted is one of the viperidæ family, such as the lachesis, for example, the site of the bite immediately becomes very painful and red, then purple, the surrounding tissues soon becoming infiltrated with sanguinolent serosity, and there are sharp pains accompanied by attacks of cramps that extend toward the base of the limb.

The victim complains of intense thirst and extreme dryness of the mouth and throat.

The mucous membrane of the eyes, mouth and throat becomes congested. These phenomena often continue for more than twenty-hour hours, and are sometimes accompanied by hæmorrhages from the eyes, mouth, stomach, intestines or bladder, and by more or less delirium, if the quantity of venom absorbed be sufficient to cause death.

A few hours later the patient exhibits stupor, insensibility and then somnolence, with increasing difficulty of respiration, which at last becomes stertorous.

Complete loss of consciousness appears some time before coma ensues, which is followed by asphyxia, the heart continuing to beat for one-fourth hour after respiratory movements have entirely ceased.

In exceptional cases death is very rapid. It may supervene suddenly, even before the phenomena above described have manifested.

In such a case the venom has directly penetrated a vein producing almost immediate coagulation of the blood and forming general embolism.

The result is almost invariably fatal if the venom be either introduced into a highly vascular region or directly into a vein. On the other hand, if the derma be scarcely broken or if the clothing has acted as a protection, hardly any absortion will take place.

The above facts are also true in regard to bites inflicted by animals suffering from rabies.

The bite of a *venomous* snake will be more or less grave according to the following:

Whether the bite is exposed or covered. Whether the snake is large and strong with long fangs, or small with short fangs. Whether the venom sacks are full or have been recently partially emptied by a previous attack.

Another important factor in regard to the intensity of snake venom is the condition and environment of the snake. The venom of a dry land snake is at its *maximum* during very *warm and dry weather,* after a *prolonged fast,* and shortly after its moulting season.

On the contrary it is at its minimum if the snake has been recently *well fed,* just *before* its *moulting season,* in the *early spring* time, *i. e.,* in the temperate zone, in *cool damp weather* or *during* and *just* after an *electric storm,* the proportion of degree being about 10 to 1. When the quantity of venom introduced into the organism is insufficient to cause death, the phenomena which precede and accompany recovery differ greatly according to the snake from which it was derived, *i. e.,* whether from the specie colubridæ or viperidæ.

After a non-lethal bite from a cobra or krate, for example, convalescence usually takes place very rapidly, and apart from the œdema of the subcutaneous tissue surrounding the wound, which in very many cases leads to suppurating abscess, no lasting injury to the health is observed, the venom being eliminated by the kidneys without even causing albuminuria, sensation in the parts affected returning within twenty-four to forty-eight hours.

On the other hand, if the bite has been inflicted by a viperidæ snake the local lesion is more extensive than the colubridæ, and almost always results in the formation of a patch of gangrene.

There are also hæmorrhages from the mucous membrane and sanguineous suffusion into the serous cavities, such as the pleura or pericardium.

Pulmonary infarcts are sometimes produced, also hæmorrhage of the kidneys with albuminuria or hæmaturia. The lesions which may be more or less severe *may* last for several days and then slowly disappear, after a period of true convalescence.

In many cases, however, they leave behind them traces which last for months and even years, affecting the health of the subject more or less seriously according to the region of the body involved. In certain cases of domestic animals being bitten and more rarely in man, after recovery from bite of viper, total or partial loss of sight, smell or hearing has been observed. Such results are, however, exceptional.

Dr. Frazer states that "In all cases where the blood forms a firm coagulum after death the poison is that of the *colubridæ.*

"And in all cases where it remains perfectly fluid after death the bite has been inflicted by a snake of the order of the *viperidæ.*"

We may take the naja tripudens as heading the list of those acting on the blood in such manner as to cause soagulum, and the crotalus as the synonym of the opposite class whose action produces permanent fluidity. It is probable that the action of all other snake poisons range between the two extremes.

Prof. Calmette states that: "The primary action of the crotalus venom causes *immediate* coagulum and complete embolism, death ensuing in a few moments in cases where a large amount of venom was injected into a large blood vessel or into a very vascular tissue. But when the action is less rapidly fatal the blood becomes more and more fluid until capillary hæmorrhage will take place, oozing from the orifices of the body and from the mucous membranes."

Here we see the complete analogue of the initial and secondary stages of a typical case of yellow fever.

Very acute inflammation is caused by all of the venoms when deposited upon the mucous membrane of the eye, vagina or urethra, the viperidæ manifesting a greater intensity in this respect than the colubridæ.

The capillaries become distended, allowing leucocytes to escape en masse, as in the eye, for

instance, where purulent ophthalmia is soon established.

Here we observe the similarity of the venoms to acute conditions which may be the result of either specific or septic infection. When absorbed by the digestive tract the venom of the colubridæ often produces no ill effects.

It is other wise with the viperidæ, however, The venom of the lachesis or of the crotalus, for example, if administered in sufficient doses, sets up such acute inflammation of the gastric mucous membrane that the *man or animal* speedily succumbs with attacks of gastro-intestinal hæmorrhage, even before a toxic effect upon the nerve cells becomes apparent.

Much useful information concerning the chemical constituents, relative toxic power, and individual peculiarity of the different venoms may be obtained from the writings of Sir Jos. Froyrer, Richard, Weir, Mitchell, Noguchi, Noc and others, while the histological lesions of snake bites have been particularly well studied by Hinsdale, Karlinski, Nowak, Hovins and Zeliona, all of which, could they be supplemented by a pure pathogenesis of the whole scheme according to the manner of Hahnemann, would add invaluable richness to the homœopathic materia medica.

Many venomous snakes found in the United States have not been classified. As boys we used to catch a small green snake in timbered parts of the Middle West, with which to tease the smaller children. It was seldom more than six to nine inches long and was supposed by the inhabitants to be non-venomous. On one occasion a boy brought one into the house and put it on the floor. A half grown kitten tapped it with its claws as it would a mouse, whereupon the snake coiled, assumed the defensive, and bit the cat. It gave a squall of terror, a high spring, and fell to the floor in a convulsion, dying within two minutes.

The *Cotton Mouth Ancistrodone Piscivorus* or *Water Moccasin* is found in all the southwestern states. The bite sometimes produces death, but a non-lethal effect closely resembles the extreme action of the Yellow Jasmine or Gelsemium. Its aggravation is pronounced at the full of the moon.

The *Blowing* or *Spread Adder* of the prairies of the west and south can either blow its venom or inject it with its fangs.

This bite seldom causes death. If proven, however, it would probably be an efficient remedy in the virulent epidemic fevers common in those sections.

There are thirteen varieties of *rattle snakes* in America, whose habitat extends from the Atlantic to the Pacific, from Canada to the Argentine Republic, and from the low wooded region near the sea level to high prairies and deserts and up to ten thousand feet altitude.

The venoms of those found in low and hot regions are most deadly in their effects.

The dog-faced or cascavella and the black-tail or horridus are the largest specie, while the (cistaurus) ravus is seldom more than nine inches in length, and yet is greatly feared by both man and beast. (Vera Cruz, Mexico.)

C. cerastes, the horned rattle snake, is nine to twelve inches in length, and inhabits the deserts from Utah south.

Only two of these thirteen varieties have been proven, and they vary in their mental and nervous phenomena sufficiently to give each a distinct individuality, yet each belongs to the largest variety and they have a common habitat.

What a boon it would be to the inhabitants of America if the remaining eleven varieties were pathogenetically proven.

South America's eighty-one varieties of venomous snakes have been classified, this representing not more than one-third of the existing number.

All of the "snake poisons" have the common characteristics of:

Sweating of the hands and aggravation after sleep.

Lachesis affects the left side.

Crotalus affects the right side.

Elaps affects the feet and legs.

Naja affects the heart and general circulation.

Some of the peculiarities of the bites of the different snakes aside from their phenomena as relating to the blood are as follows:

In *Elaps corriolinum there are* sudden excruciating pains in a particular organ or part, which are felt for a short time, and then as suddenly cease to reappear in some other part or organ. Pulsatilla, Magnesia, Phosphorus.

In *Bufo*—cephalus of the V. S. we find convulsions, great pain in the limbs, intensely feverish pulse, intense thirst, veins of conjunctiva surcharged looking like raw beef. Subsultus tendinum.

In the *Yellow Mouth Viper,* Lach. Fla., we have repeated blows upon the tympanum, like those made by a hammer. Vertigo, loss of sight, intense pain in the spinal column and shoulder blades, blue-black spots under the finger nails.

The *Black Lachesis* or *Vipera Nigra* always produces a shock which throws the person bitten down with great violence. Violent fugitive pains and intense cephalgia.

In some cases respiration is immediately suspended and death ensues in a few minutes. Would not this venom resemble the dreaded epilepsy more closely than the Crotalus, which is now being lauded by the old school as a cure-all for epilepsy?

The *Vipera Pseudechio* is characterized by atrocious pains in the body, constipation. Rheumatic pains which recur for months or even years.

The *Vipera Echis Straita* has rheumatic pains

which increase and decrease with the age of the moon. Similar to Crotalus horridus.

The *Vipera Calamaris Venemosus Rubrum* exhibits the following: One or two hours after being bitten the limb is covered with a great number of small red vesicles. On attaining the size of a grain of pearl barley, they burst and discharge a corrosive yellowish, ichorous liquid, accompanied by a burning, itching sensation and followed by œdema of the limb bitten. Acute pains extend up the limb. There is excessive thirst and inflammation of the conjunctiva. Pulse 140 to 160. There are lacerating pains in the head and the pustules increase in size hourly until they attain an inch or more in diameter, and if the victim does not die, they become so many wellnigh incurable ulcers.

There is ungovernable madness in almost every case. How like some of the vegetable poisons?

The *Berri* is a *large* snake from four to ten feet long, found in United States of Columbia.

Its venom is very deadly and most peculiar in its action.

Shortly after its injection into the blood large masses of flesh rot and drop off, and this continues until the bone is laid completely bare and a large vein is reached, when death ensues immediately.

Another peculiar reptile is found in the United States of Columbia and Africa, which is commonly called the wart snake.

It is from three to seven feet long, and is covered with wart-like projections from head to tail. The bite of this nake will produce death in from two to three hours. When it dies a thick milk-like liquid exudes from these warts, which, if applied to the skin of man or beast, produces a wellnigh incurable ulcer, which increases in size, and preserves a funnel shape, these ulcers being in many respects similar to those produced by the bite of *Vipera Calamaris Rubrum,* and the inorganic counterpart of Kali bichromicum, especially in affections of the skin.

In addition to the *snakes* which inhabit our woods and planes, there are many *other* venomous animals that inhabit both land and water, including scorpions, lizards, toads and many species of fish and insects, which would, no doubt, be of great importance as therapeutic agents, but of which there are no pathogenetic provings

To give them positive therapeutic value is, and must be, the function of the "Law of Homo," the custodians of which are the disciples of Similia Similibus Curantur.

The twenty-one homœopathic hospitals which the Council on Medical Education have graded in Class A treated during their last fiscal year 38,869 patients with a mortality of 5.6 per cent. The general average of cures all classes of patients was 60.7 per cent.

CALCAREA SILICATA.

BY CLARENCE S. TISDALE, M. D.

THE Silicate of Lime. This remedy is mentioned in Clark's Dictionary of Materia Medica, Vol. I., page 364, under the name of Calcarea Silicia, where some reference to its use is given. Here we find it was used by Ussher in the xxx and 6x potencies in cases of atrophy of children, also in corneal ulcerations with punched out edges with success after Silicea had failed. The original trials of this remedy were made upon chemical principles only, and published in the *Homœopathic World,* Vol. XXXIV., page 491.

The first and only extensive provings were made by Prof. James Tyler Kent, and a number of his pupils, the results of which were published in the *Critique* of Denver, Col., a number of years ago.

Upon a manuscript copied from this journal rests the data of this present paper, which presents but a condensed picture of the remedy. Some of you will expect to see both the natures of Calcarea and Silicea in the image of Calcarea silicate, and in this your preconceived ideas will not miss the mark very much.

Calcarea silicata represents a very deep, long acting, slow going class of remedies. Its pace of action is slow.

It corresponds to those complaints which come on slowly, silently and persistently, and only reach their ultimates after long periods of sickness. Its symptoms have been produced or cured in persons of every complexion and temperament.

Its chief virtue, however, bears strong relation to the so-called hydrogenoid constitution.

It is both antipsoric and antisycotic, as may be determined from a review of its symptoms.

It is a remedy which needs to have a still further proving to bring out the strange, rare, peculiar things, the fine tints of shading and color, and the delicate tones to more readily draw the line between it and other remedies.

Though not mentioned in the article from which much of our information is secured, we have good reasons of our own to venture forth by asserting that, like Calcarea, the symptoms of this remedy are more likely to be found breaking forth during the bright full moon time, during light moon.

We look for the patient who needs this remedy to be profoundly aggravated during the full moon, and from the first quarter to the last quarter. We have felt such an aggravation at this time upon our own system after a dose of Calcarea silicate cm. taken a few weeks before.

Looking at its time modalities we find its symptoms come on at all times of the day and night.

Whether it be morning, forenoon, afternoon, evening, night or after midnight, the complaints of this remedy will be felt.

Though not reported in the provings, we have observed that it has its greatest intensity from mid forenoon to mid afternoon, the hours being governed somewhat after the time of the sunrise and sunset at various seasons of the year.

On the whole the symptoms of Calcarea silicate are made worse in cold weather, from exposure to cold wet weather, from exposure to cold air, and especially cold drafts of air.

This remedy, and the patients who need it, are predominately sensitive to the cold. The patient dislikes the cold things of life wherever the idea of coldness may be found.

Aversion to cold weather, to cold bathing, to the society of persons not congenial, to cold food. All of which aggravate the patient and the symptoms.

Running all through the remedy we have a profound weakness. There is weakness of the mind, of the memory, of the will, of the understanding, of the bodily organs and functions, and wherever seen this weakness is one of slow, gradual onset.

Associated with this weakness there is a general emaciation which comes on slowly all over the body at one and the same time.

There is also paleness of the features, suggestive of a profound anæmic state, and weakness of the circulation.

Though weak, emaciated, cold and *chilly,* this patient is made worse *from being overheated.* A strong and characteristic symptom.

Now all that we have said are the strong generals of the remedy and of the patients to which it corresponds.

They constitute the whole picture, as seen from a distance, and as we take up the organism we will see these generals projected into the particulars, for what is true of the whole is true of the parts, and such things as appear in the parts, but not in the whole, do not belong to the remedy or to the patient, as a whole, and cannot be of any great value to prescribe upon.

These cold, chilly, weak, pale, emaciated patients are profoundly sensitive in all their parts and throughout the whole.

MENTAL SPHERE.

In the mental sphere weakness is seen in a state of absent mindedness. The lack of ability to concentrate the thoughts on the things read, heard, felt or seen; the confusion of mind, which comes on in the morning, on waking, and in the evening, after eating, while sitting, after mental exertion, and made worse from being overheated.

The sensitiveness is seen in the mental life, as an rrritable, excitable disposition It is further found in the aggravation from consolation and when nothing satisfies.

Again we see weakness of will in the contrary, timid, irresolute ways in whch they go about doing the things of their life.

So marked is this weakness that there is loss of self confidence. There is also a state of anxiety in the evening, in bed and during the night; constantly worried about the health.

There are numerous insane and hysterical expressions of this remedy, all of which but set forth the marked sensitiveness and weakness.

Desires things which are not to be had, and soon tires of those which are desired and are obtained.

There are delusions and horrible visions with delirium. In its more marked states the talk is incoherent, strange, as if talking to imaginary persons, or to people who have long been dead. Visions of friends long dead.

In a woman prover there was an insane desire to prepare dinner for her dead husband, and she thought he would die if she did not find him and feed him. Hears voices of spirits of dead people. Such grave, strange, peculiar symptoms only show the profound weakness of the mind.

Then, again, there is profound melancholia, discontent and despair of recovering health once lost.

Then there is the marked fear which runs all through the case, full of fears. Fear of the cold, of the night, of brain troubles, about family matters, about financial matters, fear of going to work.

It suits many complaints brought on from fear when the symptoms agree. These weak, oversensitive patients are very emotional, and readily moved to tears or to laughter, and when not so moved there is a dulness of mind during the daytime, but at night his ideas are abundant. The weakness involves the memory, a forgetfulness even of the words just spoken; mistakes in names, of spelling and using the wrong words at the wrong time, all point to the marked weakness of the memory.

You will see in these mental symptoms and in the general appearance the image of an approaching imbecility. Then again there is lamenting and wailing and loathing of life. Associated with these mental features there is a marked tearfulness.

Strange, weird creature that so nearly drives the human mind into insanity; what art thou, from whence hast thou came, and whither do thou goest, and what magic influence doest thou carry about, and of what good art thou, if not to go forth and restore the lost mind from out of the slough of degeneracy, even unto the service of rational man.

"VERTIGO."

From what has been said of the remedy in its generals and of its mental states, you will expect more or less of vertigo.

In this you are right, there is vertigo, on rising in the morning; after rising from a reclining state; in the evening; while lying down; from mental exertion; with nausea; on rising from a

stooping posture; while sitting; on stooping; while walking in the open air.

"PAINS."

The pains of Calcarea silicate are not so much on the violently acute order, but they belong to those slow, constant, persistent forms, such as we might look for in cold, weak, anæmic subjects.

There are boring pains, burning pains, cutting pains, pressing pains, jerking pains, bruised pains, stitching pains, and tearing pains. And these pains are found in all parts of the body and in all the organs.

The patient is sensitive to pain and magnifies the severity of the pain in his mind. (Clinical report.)

Motion, cold, exertion, touch and pressure tend to aggravate the pains of this remedy.

"HEAD."

The head is cold, especially at vertex and occiput.

Congestion of the head at night, and when coughing. Constricting sensation of forehead and marked fulness of the head, which is inclined to fall forward; weakness.

Heaviness in the head and forehead in the morning. There is also heat in the whole inner head. Aggravation forehead, aggravation morning. Bristling of hair, whch falls out. Sensation as if brain was in motion is a peculiar subjective feature. Head pains are severe and in all parts of the head. Aggravation in morning, afternoon, evening, night; aggravation cold air, cold drafts, cold weather; aggravation after eating; aggravation from becoming overheated; aggravation from jar, from motion, from light, from reading; aggravation before and during menses; aggravation mental exertion, rising up, from noise. Periodical headaches.

The headaches of this remedy are many and numerous, but have all of the foregoing modalities, and partake of the things which are generals to the remedy.

Periodical headaches, every day, every week, every month; aggravation midday, moonlight times. Headaches from eye strain, headaches after sleeping. Headaches from sexual excesses; headaches aggravated on right side, headaches before and during menses.

But in all these and many more too numerous to mention the grand generals of the patient must be there; the cold, weak, sensitive, irritable patient must be present, with the emaciation and the peevishness of mind.

"EYES."

In the eyes we may find any kind of pains such as we have mentioned before. It has cured cataract.

The eyelids are agglutinated with pus, and there are thick, yellow, greenish discharges from the eyes, with heavines of the lids and inflammation of the conjunctiva.

Lachrymation in open air, in coryza, aggravation right side. It has cured opacities of the cornea. The characteristic burning, itching, cutting, bruised, pressing, tearing pains of the remedy in general are found in the eyes.

Weakness of the eyes with sensitiveness to the light.

It has cured paralysis of the optic nerves and ulceration of the cornea.

Pulsating pains in the eyes with contracted pupils.

Dimness of vision, unsteadiness of vision, with colors before the eyes, spots of all kinds. Hypermetropias have been cured.

"EAR."

Thick yellow or greenish yellow discharges from the ears, which are offensive, watery or bloody.

Noises in the ears, fluttering in the ears, humming in the ears, ringing, roaring and whizzing sensations in ears.

Pulsations with or without pain in ears. Hearing first acute, then impaired. Burning, tearing, cutting, stinging, bursting, pressing pain in the ears. Abscesses of the internal ears and catarrh.

"NOSE."

Calcarea silicate has caused and cured a vicious catarrh of nose and posterior nares, where the general features of the remedy were present.

Catarrh, hay fever, coryza have been cured.

The discharges here are copious, thick, yellow or yellowish green, and may be bloody, thin or watery.

Then there are hard crusts blown out with these discharges.

Polypoids and adenoids have been caused to atrophy and go away under its use.

The pains of the remedy are present, in the nose, and extend high up into the frontal sinuses.

The sense of smell is first marked then decreased and ultimately lost.

It meets these states in tubercular, sycotic and hydrogenoid constitutions, where the weakness, coldness, emaciation, sensitiveness and peevishness and the other grand generals of the remedy are present and stamp their image upon the entire patient.

"FACE."

We look at the face of the Calcarea silicata patient and we see the pale face, flushed lips which are often cracked and dry.

During the headaches the cheeks become red and circumscribed. Any of the pains general to the remedy, such as we have described, may be found in the face. The glands about the face, such as the parotid and submaxillary, take on a state of swelling, inflammation and suppuration. Such eruptions as acne, boils, comedones, eczema,

herpes, pimples and scales may come out on any part of the face or on all parts.

"MOUTH."

In the mouth we have bleeding gums, aphthæ, covering the mucous membrane. The tongue is white and dry, and the mouth is dry; there is an offensive, putrid odor from the mouth. Taste may be bad, bitter, sour, putrid, metallic, alkaline, especially mornings, or it may be lost entirely. There are little abscesses in the mouth, upon the gums, or on the roots of the teeth. There are ulcerations with inflamed edges with punched out appearances. The teeth become loose and feel too long, there are pains in them, and they take on a carious state. The boring, cutting, drawing, jerking, piercing, pressing, sttchng and tearing pains of the remedy are found in the mouth and teeth.

Those things which are generals in the remedy extend down into the particulars, giving them character and stamping the constitutional individuality upon them.

Aye! there is not a hair of the head but what is numbered.

"THROAT."

In the throat we have inflammation and suppuration of various degrees, attended with dryness, redness and hoarseness.

There is tenacious mucus in the throat. It has cured goitre. All glands of the neck and throat partake of these states, and the general pains and modalities of the remedy are present. You will see as we go over these sections that each in its own way but expresses that which is general to the whole remedy and to the whole constitution. When we bear in mind that which is general in our remedies we do not need to keep track of the particulars which are only repetitions of the generals. In sick people it is first the general economy which is deranged, and only general symptoms are expressed, then later on when the general economy becomes overfilled with disorder and vitality seeks for an avenue of relief, then, and not till then, do we get the local and particular expressions brought out. It is the same with the proving of the remedies, and our observation and practice can only give forth the highest results when we study our remedies from first to last, from beginning to ending, from general to particular, from constitutional to local. When sick folks are studied in this way, and remedies are studied in their provings in this way, then will our art rise to its throne of glory, as disease is crushed to earth, and the truth reigns supreme.

"STOMACH."

In the stomach we must look for the expression of the grand generals of the remedy, and we find them.

Sensation of weakness and anxiety are felt in the stomach. The appetite first becomes increased, and the subject eats ravenously to relieve this sense of weakness, but the stomach is weak and does not digest the food, then on comes a loss of appetite, with aversion to food, especially to meats and milk.

Then there is a sensation of coldness in the stomach, which is most pronounced when the stomach is empty, and from cold drinks. Others describe a sensation of emptiness in stomach, not relieved by eating, but this is only another expression of weakness itself. Again it is described as a sensation of sinking in pit of the stomach With this weak digestive power there are bitter, empty, sour, burning eructations in the morning while walking. Nausea while eating, after eating, in the morning, forenoon, evening, at night, during headaches, relieved by eructations.

Pulsating, burning, cramping, cutting, pressing, bruised, stitching pains are felt in the stomach, or refer to it, aggravation cold drinks, cold air, walking, coughing after eating.

Thirst extreme, burning afternoon and night.

Vomiting in the morning, at night, on coughing, after eating, after drinking, during headaches, after milk, vomiting bile, bitter substance, black blood, food, mucus, watery slime.

"ABDOMEN."

In the abdomen the same general features are expressed as we find everywhere else; only they show themselves under modified forms. There is flatulence and distension after eating. There is dropsy of the abdomen. The liver becomes enlarged and hard, and the abdomen is hard. The peritoneum takes on inflammation, sensation as if something alive and moving in the abdomen, with flatulence.

Pain morning, night, before menses, aggravation right side, burning, cramping, cutting, pressing, stitching, tearing, twisting pains with tension.

"RECTUM."

In the rectum there is weakness and inactivity with constipation, difficult stools, dry, hard, knotty and large with great straining. Again there is a painless, diarrhœa with copious, lienteric, light colored, offensive, putrid, sour, pasty, thin or watery stools. Dysentery with bloody, scanty stools and copious offensive flatus. Bleeding from rectum and anus, with stool. Much urging to stool, urging during stool and ineffectual urging. .

Hæmorrhoids protruding during stools, with pressing, crowding, tearing, cutting, burning, stitching, bruised pains in rectum and anus.

"BLADDER."

In the bladder there is tenesmus, sudden urging, ineffectual urging, frequent urging to urinate, most marked at night, involuntary urination, aggravation at night. Scanty urine, unsatisfactory urination These states are aggravated moving about and relieved lying still. Pressing,

cutting, burning pains in bladder, with much mucus in urine.

"URETHRA."

There are purulent, greenish, yellow discharges from the urethra. And cutting, burning pains during urination, but these are common to numerous remedies, and the general constitution must be present before this remedy is of any value in the conditions which present such symptoms.

"MALE GENITAL ORGANS."

In the male, the prostate gland is enlarged and tender, and there is an emission of prostatic fluid when straining at stool.

There is an erection at night, without thought, dreams or other causes.

There are eructatons on the genitals, with redness and itching of penis and scrotum. Stitching pains in penis.

Foul sweat about genital organs. Increased sexual desires without erections, and attended with seminal emissions. These symptoms only carry out the idea of profound weakness, coldness and relaxation in the generals of the remedy.

"FEMALE GENITALIA."

In the female the sexual desires are increased. Heaviness, weakness and prolapsus of uterus. Leucorrhœas, either milky, white or purulent, yellow or greenish yellow. Excoriating blood; copious leucorrhœa before and after menses. Flow acrid, bright red, copious, may be either too soon or protracted, scanty or absent. Painful and irregular periods. Flow of blood between periods; pain in the uterus aching, burning, labor-like and tearing; soreness in the genitals, ulceration of the labia, vagina, os uteri. Eruptions upon the vulva with itching and offensive sweats.

"AIR PASSAGES."

This remedy is full of chronic inflammations and irritations of the air passages. The larynx, trachea, bronchial tubes and air cells are all profoundly involved. Rawness and roughness, sensitive to the cold air. Copious yellow green mucus. Fast, difficult respiration, when coughing, and when lying; rattling respiration, short respiration, sighing respiration and suffocative respiration come within its reach when the constitution we have described is present.

BACK.

Bearing in mind again the cold, sensitive, weak, anæmic, emaciated, peevish nature of the constitution of Calcarea silicata we pass on to the back. The back feels cold and a sensation of coldness extends along the back to the neck, down the back of the chest and abdomen over the sacrum. Great weakness of the entire back, aggravation in lumbar region. Stiffness of the back in cervical region. Eruption of pimples and pustules from cervical region downward with itching.

Pains in back at night, during menses and aggravation from coition. Pains in back from motion while sitting and from rising from sitting posture. Pans in the cervical region, pains in the scapulæ and the spine between them; in lumbar region, in sacrum and coccyx.

Drawing pains, pressing pains, tearing pains, cutting pains, stitching pains, burning pains and boring pains in all parts of the back.

"EXTREMITIES."

We come to the extremities; coldness and weakness is marked. The muscles, tendons and joints are weak. All of the extremities are heavy, and numbness is common to many cases. Gouty deposits of the fingers; awkwardness of all the limbs; chronic jerking of the muscles. Contractures of the tendons of the hands and fingers, cracked and sore chapped hands and fingers. Cramps in lower limbs, hands, calf, feet, soles, toes. Eruptions, vesicles, boils, pimples with itching and burning appear all over the extremities or on any part of them. It has cured caries of the bones and inflammation of the joints. Any of the pains so general to the remedy may and do appear in the extremities. Numbness of the upper limbs, aggravation lying on them, numbness of the lower limbs, aggravation while sitting. Rheumatic and gouty pains, aggravation night in joints and bones. Pains in upper extremities at night, aggravation, cold, motion and taking hold of things.

Pains in lower limbs, in sciatic nerves, violent pains in hip joints, in thighs, knee, calf, foot, toes. Aching of all kinds, aggravation from cold and stiffness of all kinds, aggravation cold weather, aggravation motion.

Sensation of paralysis of extremities, but carries out the idea of weakness. Cold sweat upon the extremities. Swelling of the hands, knees, legs, ankles, feet. But with all of the coldness the soles of the feet burn like fire, burning pain in soles of feet might be a clearer expression. Sore, bruised, aching, tearing, burning, cutting, sticking, pressing, stitching and prickling pains of the shoulders, arms, forearms, hands and fingers and elbow joints; of the hips, thighs, knees, legs, feet and toes, with weakness, coldness and emaciation complete the picture as seen in the extremities.

"SKIN."

The skin takes on coldness to touch and becomes bluish. Discolored, pale, red, white, yellow spots and liver spots come out. The skin is very sensitive and readily takes on inflammations, and then there is intense itching. With the itching comes scratching, and when the skin is scratched there is burning and dryness with loss of ability to perspire. Eruptions of a sporic nature come, out, such as boils, chapping, desquamations, eczemas, herpes, urticarias, vesicles and blisters, pimples and pustules, comedones. It has

cured erysipelas and intertrigo. There are burning pains, biting pains, stinging pains and all the other general pains of the remedy to be found in the various skin states of the remedy. Warts, wens, cystic growths, ulcers and lupus have been cured by its use.

SLEEP.

The sleep is full of dreams; dreams of danger, of business, of the dead, of death, of disease, anxious dreams, fantastic, weird dreams; dreams of frightful fires, of horrible murders; vivid, real dreams, with nightmare; dreams full of care, care for the sick.

Restless sleep, aggravation before midnight; sleepiness in the morning, forenoon and evening, after dinner, after eating.

Sleepless from mental exertion; after once waking cannot sleep again, waking early and frequent, yawning, unrefreshing sleep.

"FEVERS."

The fevers of this remedy but conform to those things which are general in the remedy. Chilliness in the morning, forenoon and evening. Chilliness in open air, even in bed. Chilliness after eating. External and internal chilliness, shaking chills, trembling chills, from uncovering. Desires warmth and warm rooms, which does not relieve. Cold sweat, aggravation, on extremities, cold sweat from coughing, cold sweats during and after eating, cold sweats from exertion, from motion, from walking and from mental exertion.

With this profound chilliness we get flushes of heat and fever during the forenoon and afternoon, from mid forenoon to mid afternoon. Again there is fever in evening and at night. The fever and chills alternate.

It finds a place in hectic fevers and in fevers during the menopause.

When the fever is on we have profuse, offensive hot sweats. Sweats of single parts; sour sweats, especially of children and the aged. Sweats during and after sleep.

"COUGH."

Calcarea silicata corresponds to coughs in young children, in aged persons where there is coldness, weakness, emaciation, sensitiveness and peevishness.

The cough comes on at night, in the morning after rising, and in the evening in bed.

Coughs from cold air, cold nights, cold weather, cold damp air, cold winds, cold drinks, cold in general aggravation.

Dryness of cough at night with expectoration in the morning. Cough during fevers; hacking, hoarse, hard coughs. Coughs from laryngeal, tracheal and bronchial irritations, which occur in paroxysms. Cough lying down, talking, on rising up in the morning, aggravation.

"EXPECTORATION."

Expectoration in the morning, with copious, offensive, purulent, thick, viscid, white or greenish yellow or bloody discharges.

It has painful coughing when any of the cutting,, tearing, stitching, pressing, burning pains of the remedy are present, and there is soreness in the chest.

There are burning, pressing, stitching pains in the chest walls with soreness and rawness, aggravation during cough, on inspiration or deep breathing.

Palpitation of the heart at night, aggravation after eating, from motion or exertion.

In the female the milk is suppressed or wanting.

This grand, deep acting, long acting remedy has found its most active field of usefulness in many diverse clinical ways.

It is an important addition to our mighty army of polychrests.

It corresponds to the complaints of infants and children, the products of congenital malnutrition.

It also represents the extreme old age period of life; it also corresponds to the noondays of life.

It bears a close relation to persons who grow into cancerous states, who go into chronic tubercular states.

Hence it is useful in all stages of life.

To name the numerous diseases which are related to it will be to call up the great army of psoric and sycotic affections, and those complaints, which are deeply seated, which come on gradually and persist, which deplete the entire life energies.

It needs to be studied by the sides of Calcarea, of Silicea, of Alumina, of Arsenicum, of Tuberculinum, of Baryta carbonicum, of Iodine, of Calcarea iodatum, of Medorrhinum and the other profoundly cold, weak, anæmic remedies too numerous to mention.

For seven years I was a member of the American Medical Association. As I did not join for the purpose or with the expectation of receiving any benefit I was not disappointed in receiving none. But this point I wish to emphasize, that in those seven years I did not get one iota of benefit or privilege as a physician which I could not have obtained just as fully or completely by being a member of any of our state societies or of the American Institute. I say this because the fact is advertised very fully by the American Medical Association that physicians, especially homœopathic, can and will receive many privileges and benefits denied to others, by joining the American Medical Association. My experience did not prove that as true.—Pres. D. G. Wilcox.

ARSENICUM IODIDE.

BY W. E. REILY, M. D., FULTON, MO.

ARSENIC IODIDE occurs in orange red crystals, soluble in water and alcohol. The dose as indicated in old school literature is 1/30 to 1/10 grain.

This remedy has been successfully employed in old school practice in tubercular adenitis and scrofula as well as in the troublesome bronchitis of strumous children.

In the homœopathic proving it corresponds more closely with the symptoms of arsenic than it does with iodine.

Its greatest laurels have been won in those exceedingly chronic conditions founded upon a strumous or tubercular diathesis.

In hay fever this remedy corresponds with all the symptoms of the typical case from the onset with sneezing and severe acute irritation of the nose all the way through to the asthmatic symptoms of the later stages.

There is always the fluent coryza whch excoriates the tissues as it passes over them, and the severe burning and itching with extreme prostration and restlessness.

I once cured a case of hay fever of twelve years' standing with this remedy in the 3x potency, with no return of the symptoms after ten years of observation.

The symptoms correspond with those of arsenic except that they are more severe and more acute. The coryza is very profuse, the discharges make the nose and face sore and raw, and the sneezing is almost continuous with dull frontal headache or violent cutting neuralgia and great restlessness and decidedly peevish and irritable.

In the later stages the throat and bronchi are greatly irritated with much burning and rawness and the asthma is most distressing, causing great restlessness and much anxiety.

In the chronic cough calling for arsenic iodide we find the patient greatly emaciated with very poor assimilation. The cough is deep and generally loose with expectoration of large quantities of muco-purulent matter. There is much burning and rawness in the throat and chest and little relief from coughing. Usually there is more or less tendency to enlargement of the cervical glands, and the whole picture corresponds very closely with the tuberculous.

In the chronic bronchitis we generally find anæmia with nervous and general prostration and rapid loss of flesh. Rapid, irritable pulse, great nervousness and restlessness with recurrent fever and sweat and sometimes exhausting watery diarrhœa.

This is a great remedy for old people in that it corresponds with the changes in the heart and arteries and kidneys which produce many of the more difficult pictures which we meet in those of advanced years.

The tuberculous picture of this remedy has been largely present in the discussion of other conditions, but there is an emaciated and generally asthenic condition with a very rough, scaly, dirty looking skin with hard, shotty, acne pustules with an indurated base and a small pustule at the apex, worse from washing and from any kind of stimulating application, and leaving scars when they disappear.

In my experience this remedy has a better action on brunettes.

The picture here presented represents only those symptoms which I have observed and verified in my own experience.

CORRESPONDENCE

LETTER FROM PRESIDENT KOON OF THE SOUTHERN.

Danville, Va., Sept. 7, 1914.

Editor MEDICAL CENTURY.

The Southern Homœopathic Medical Association has the best prospects for a good meeting that it has had in years. Everything is rounding up into shape nicely. All the Bureau chairmen are active and report good progress and some of them have already submitted their full programme.

In our next letter next month we are confident we can give a full programme. The list of essayists is a guarantee of a good meeting.

The Local Committee have decided upon the Emerson Hotel as the Official Headquarters for the meeting. That is the newest and best hotel in that city of good hotels. Mayor Preston will make the address of welcome and they are in correspondence with several of our best men for the principal speaker of the evening.

Next month we will give you particulars and names. Don't forget the dates, November 10, 11, 12th.

Respectfully,

H. E. KOON,
President.

J. L. JENNINGS,
Secretary.

HAY FEVER VACCINE.

Editor MEDICAL CENTURY:

Replying to many inquiries from homœopathic physicians throughout the United States, I beg to advise that the vaccine employed by me in the prevention and cure of hay fever is prepared from the mixed pollen of Spanish needle, rag weed and golden rod. The pollen is ground with flint, in cold brine, after which it is allowed to stand in refrigerator temperature for several days. The product is then filtered *and sensi-*

used with mixed infection bacterin. Carbolic acid is used as a preservative. The 2x is usually prescribed, although many patients are hypersensitive to even the 0x.

Overdoses of this vaccine produce all the symptoms of acute hay fever. As a preventive, a dose is administered weekly for a month before the date of the expected attack. During attacks it is given each day, or less often, according to the necessities of the case. Two to six doses usually suffice.

So far have had no failures this season. However, the remedy is new and is still an experiment. It is administered hypodermatically. Experiments with the vaccine in high potency are being conducted. The pollen may be made up separately and used to advantage by the expert.

In this connection I wish to acknowledge my indebtedness to Lowdermilk, Dunbar and many others.

(Signed) E. J. Burch,
Carthage, Mo.

BOOK REVIEWS.

Some American Medical Botanists. By Howard A. Kelly, M. D., LL. D. The Southworth Company, Troy, N. Y.

It is a beautiful book, splendidly written, most interesting, and should be in great demand by the medical profession as well as by the lay reader. In giving something of the history or biography of the American Medical Botanists Dr. Kelly has given us a story, in several chapters, of the pioneer medicine of America. It is additional evidence of Dr. Kelly's versatility and broad scholarship.

A Treatise on Diseases of the Nose, Throat and Ear. By William Lincoln Ballenger, M. D., Professor of Laryngology, Rhinology and Otology in the College of Physicians and Surgeons, Chicago. New (4th) edition, thoroughly revised. Octavo, 1080 pages, with 536 engravings, mostly original, and 33 plates. Cloth, $5.50, net. Lea & Febiger, Philadelphia and New York, 1914.

Four large editions in six years is a record of very unusual achievement. An examination of the contents of this work will disclose the reasons for its enviable popularity among students, practicing physicians and specialists. Every line of the text and every one of the five hundred and thirty-six illustrations bear evidence to the enormous amount of work, care and expenditure bestowed upon this book by both author and publishers. In this respect it is almost unique in medical literature. In this new edition the important feature will be found in its chapters on the Labyrinth, the new matter of which amounts to over one hundred pages. Great labor has been bestowed in marshalling the facts and formulating them for teaching purposes. Thirteen original colored plates now illustrate the physiological and pathological manifestations of nystagmus. A careful study of these alone will suffice to convey a clear idea of the subject. Twelve drawing illustrate the Newmann and the Hinsberg labyrinth operations. Among other new matters may be mentioned the full description of Mosher's fronto-ethmoid operation, with five drawings, showing each step. Mosher's technique is a distinct advance in the surgery of the sinuses. Autogenous vaccines in the treatment of hay fever are given place, though this remedy has not yet fully proved its value. The section on Functional Tests of Hearing has been rewritten. Otosclerosis has been extensively revised and brought fully to date. Haynes' operation on the cisterna magna is fully described, and five drawings illustrate the technique. Vaccine therapy has been revised, and the His Leukocyte extract therapy is given in detail. It forms a distinct advance in the treatment of certain forms of infectious diseases, especially of the nasal sinuses and meninges. Meningitis has been largely rewritten with much new material. The section on Abscess of the Brain has been revised by Dr. Howard Charles Ballinger. The use of salvarsan in the treatment of syphilis of the brain and auditory nerve is described with great fulness. It forms an important addition to this edition. Dr. George McBean's theory of the causation of paracusis Willisii is given in full. In a word, every line of the book has been revised, all obsolete matter has been eliminated, and much new text has been incorporated, with many new illustrations and plates, all of which were drawn by the author. The volume is one hundred pages larger than the previous edition and there are about thirty more illustrations in the text as well as eleven new plates.

Dietetics: or Food in Health and Disease. By William Tibbles, LL. D., M. D., L. R. C. P., M. R. C. S., L. S. A. Medical Officer of Health, Fellow of the Royal Institute of Public Health, etc. Octavo, 627 pages. Cloth, $4.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The skillful dietitian has at his command the best of all therapeutic agents. There is no doubt that the value of the diet is generally very much underestimated and that remarkable results can and are being achieved every day by this very easy method. Dietetics is not only a part of therapeutics but also of preventive medicine, and it advances equally with them. In Dr. Tibbles' new work the most recent acquisitions to our knowledge of dietetics are placed before the profession, and they are of great interest and importance. The study during the last few

years of the enzymes and their striking specificity, of the lipoids, of the salts, of the insufficiency of certain proteins, and of the vitamines is epoch-making, and has caused a corresponding advance in dietetics. These discoveries are so important as to raise the question whether nutritive failure or success does not depend as much on these "accessory bodies" as on the primary elements of the diet. All these new and interesting studies and their applications the author has presented in delightfully clear and easy style, so that they may be readily assimilated by those who have not made a special study of this subject. His power of discernment, his common sense, and his wealth of information are reflected on every page.

Blood Pressure: Its Clinical Applications. By George W. Norris, A. B., M. D., Assistant Professor of Medicine in the University of Pennsylvania; Visiting Physician to the Pennsylvania Hospital; Assistant Visiting Physician to the University Hospital; Fellow of the College of Physicians of Philadelphia. Octavo, 372 pages, with 98 engravings and 1 colored plate. Cloth, $3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The importance of blood pressure in diagnosis, prognosis and treatment is becoming more widely recognized every day, and with this recognition has come the creation of a literature devoted to this special field. The latest contribution to this literature is that of Dr. Norris. He has presented his subject in condensed and practical form, and as definitely as the present state of our knowledge permits. Both the experimental and clinical data which have been available have been included, for it is the combination of these two that the physician must rely upon when handling his cases. The author's method of discussing each part of the subject is such that his book is a well balanced presentation of the latest scientific information regarding blood pressure and its clinical application. It is probably the most complete and authoritative work in English on this new and extremely important topic. The illustrations are well chosen and help to an easy understanding to the text.

A Manual of Diseases of the Nose and Throat. By Cornelius G. Coakley, M. D., Clinical Professor of Laryngology in the College of Physicians and Surgeons, Columbia University, New York. New (5th) edition. 12mo, 615 pages, with 139 engravings and 7 colored plates. Cloth, $2.75, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

This work has long been recognized as one of the most practical and useful manuals of laryngology in the English language. It touches upon the pathology, simplifies and abbreviates the diagnosis, and emphasizes those methods of treatment which are most practical. Its statements are brief and clear, and its illustrations convey valuable supplementary information. This book gives quickly and easily the practical working points indispensable in the every-day routine of the busy physician. Its teaching quality, as well as its simplicity, are among its attractions, for it is a favorite for undergraduate students. With the publication of this new edition, the fifth, Coakley's Laryngology is again before the profession in revised form.

A Manual of Practical Hygiene. For Students, Physicians and Health Officers. By Charles Harrington, M. D., late Professor of Hygiene in the Medical School of Harvard University. Fifth edition, revised and enlarged by Mark W. Richardson, M. D., Secretary to the State Board of Health of Massachusetts, in collaboration with the following officials connected with the Massachusetts State Board of Health: W. H. Clark, Chief Chemist; X. H. Goodnough, Chief Engineer; William C. Hanson, M. D., Assistant to the Secretary; Hermann C. Lythgoe, Chief Aanalyst of Food and Drug Department, and George H. Martin, formerly Secretary to the Massachusetts State Board of Education. Octavo, 933 pages, with 125 engravings and 24 plates in colors and monochrome. Cloth, $5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The ever increasing importance and the broadening scope of Hygiene are going hand in hand with the great strides which are constantly being made in our knowledge of the subjects concerned with preventive medicine. It is no longer possible for one man to have first-hand knowledge of all the parts of this vast field. To the end therefore that Harrington's Hygiene, in its new edition, might offer the latest information of high authority on every phase of its department, the editor has secured the collaboration of the experts associated with him in the work of the Massachusetts State Board of Health. This latest edition, therefore, is thoroughly representative, and to the smallest details, of this Board which has long been noted for the high character of its laboratory investigations and its public health administration. Many of the chapters have been practically rewritten and in each case this has been done by a gentleman who has made a specialty of the topic under discussion. The revision has been extremely thorough throughout, and the new edition contains one hundred pages more than the previous one, as well as twelve additional plates.

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VOL. XXI SEPTEMBER 1914 NO. 9

ADVERTISING THE A. M. A. BY THE U. S. A.

IN the 1913 report of the United States Bureau of Education, twenty-six pages are devoted to a partisan report on Medical Education, by Dr. N. P. Colwell, secretary of the Council on Medical Education of the American Medical Association. This was reissued, we understand, in pamphlet form by Dr. P. B. Claxton, chief of the bureau, and quite likely a prominent member of the American Medical Association. Thus the Government advocates the view of the American Medical Association "to the exclusion of all other methods of healing." The United States mails and the Department of the Interior are thus used for the advertisement and the propagation of information from the American Medical Association.

There are two prominent bureaux of the Government, namely, the Bureau of Education and the Public Health Service, that have refused to publish articles opposing compulsory medicine, but they do not hesitate to publish and circulate at public expense the views and writings of the American Medical Association.

No report on the medical education in other schools of medicine, such as the homœopathic, eclectic or osteopathic schools was included in the report. It is not thought, doubtless, by the narrow partisan bureau chiefs that these schools have anything of value to present, and hence it was preferred to publish circulate views entertained by the allopathic schools exclusively, or, in other words, the views of the great medical trust.

Our readers should protest to their Congressmen against a continuance of this class favoritism; our Government is said to favor no school of medicine. President Wilson has reiterated that no discrimination should be permitted whereby one school of medicine should be under the control of another, and with this in view it seems not only strange but suspicious that the Commissioner of Education should take this means of advertising one school of medicine beyond another.

Furthermore, the publishing of medical educational data by Dr. Colwell as far as his own school of medicine goes, we would not question, but in his report on Medical Education issued in 1913 there was not a single college of medicine belonging to the homœopathic school that was correctly presented. The number of students was incorrectly stated in nearly every instance. The number of graduates during that year was discounted by several per cent. The number of teachers employed was misstated. The laboratory and clinical facilities were garbled and made to appear insignificant, and, in fact, the whole report, as far as homœopathic colleges were concerned, marked its writer as a narrow and bigoted employe of the great medical trust.

If the Educational Report of the United States Bureau of Education as far as its medical part is endorsed by the Commission of Education, the sooner he is replaced by a broad and liberal minded gentleman the better.

ANOTHER QUESTIONAIRE.

THE following is an account of a questionaire sent out in Minnesota following the Illinois example. It speaks for itself:

408-9 Donaldson Bldg.,
Minneapolis, June 25, 1914.

My Dear Doctor:

Believing that we Homœopathists of Minnesota have been hampered for years by a mixed examining board, which has kept our practitioners out of the State, while our numbers have increased in the neighboring States, normally and according to the popular demands; that we have helplessly stood by and seen our university college wiped out by a hostile clique in the Board of Regents at the banquet of the American Medical Association governing council, and that we have simply been led about by the nose for years, while the osteopaths, veterinarians, registered nurses, blacksmiths and other cults have kept

their rights and made a legal status for themselves, I. of my own free will and at my own expense, take this means of getting the views of our profession on the subject of a separate examining board.

It seems to me the time has come to act, and that unless we strike out for ourselves by asking for a separate board we will keep on dwindling to a nonentity in this rich and growing commonwealth.

I am inspired by the example of Illinois in this questionaire, and am using their questions as sent out by Clifford Mitchell, of Chicago, chairman.

His answers showed 91 per cent. against the American Medical Association and 88 per cent. unqualifiedly in favor of a separate homœopathic board. Only 15 per cent. guarded their answers or replied imperfectly or unintelligently. (See *Homœopathic Recorder,* May 15, 1914.)

A prompt answer will be esteemed as a favor, and no improper use will be made of the information received.

Yours fraternally,

WM. E. LEONARD.

Question 1.

Do you approve of the examination and grading of homœopathic medical colleges by the American Medical Association, its councils or committees?

Question 2.

Are you in favor of a separate homœopathic board of examiners in Minnesota, as in ten States, for the license to practice medicine?

The result of the foregoing correspondence is as follows:

One hundred letters, allowing four or five misdirected or sent to deceased physicians, summed up all the addresses of members of the State Society and others, as against two hundred some ten years ago. Of these, fifty-one sent answers, a good proportion for busy men and women who are generally careless about their correspondence. Of the forty-nine not answering, I am left to surmise anything I please. Perhaps many of them think the situation hopeless, and that we are, as Dr. Wilcox, President of the American Institute of Homœopathy, said at Atlantic City, pointing to our own faithful Dr. Aldrich, "dead ones."

Those who did reply are quite alive and should be given credit, I believe, for reflecting in their answers the real opinion of the homœopathic profession of Minnesota.

Question No. 1.

Answers: "No" unqualified, *forty-four,* with the following remarks: *Four* would have a committee of the American Institute of Homœopathy grade and examine our own colleges. (These four are "dead ones" for there has been such a committee of the A. I. H. for 5 years.—Ed.) *Four* favor a mixed national board composed of all schools. *Three* would have the Homœopathists examine and grade their own schols to a standard adopted by the best. *Two* think we cannot stop the present arrangement and it raises our standards. *One* asks, "Just what do you propose to do?"

Answers: "Yes," *four,* one qualifying it as follows: "If discrimination, No." *Two* are uncertain, really do not answer the question, and say it depends on how it is done.

Unanswered: *One.*

EIGHTY-SIX PER CENT. FAVOR GETTING AWAY FROM THE AMERICAN MEDICAL ASSOCIATION DOMINATION.

Answers: "Yes," unqualified, *thirty-eight,* with the following remarks: *Two,* "Must have an equal standard." *Two,* "Involves a stiff political fight." *One,* "If there is a reasonable chance of getting it." *One,* favors "a national examining board." *One,* "No license and a different system of schooling."

Answers: "No," *seven.* Of these *two* think "We may get worse than the present arrangement." *Four,* are "Afraid of a double standard; think the fear of a 'mixed board' psychological." One, *"We* cannot claim favoritism or discrimination,"—would imply that we cannot pass examinations the old school are willing to pass.

Unanswered, *One.*

SEVENTY-FOUR PER CENT. ARE IN FAVOR OF A SEPARATE BOARD.

My purpose in this Questionaire was to find out how our membership felt on these matters and to get some kind of a remedy The result is disappointing to me and proves how far the deliberate plan of Dr. Perry H. Millard and the American Medical Association committee of that day (1883 and 1887) have succeeded in choking the life out of our school by "benevolent assimilation," as was intended at that time, with remarkable foresight!

How long can any minority flourish when governed by the rules and standards of an over-

whelming, unsympathetic majority, even though treated with the utmost fairness? !

I am personally not sure about the necessity of exactly the same standards, for our needs are entirely different. We *need* men—the old school have too many. If they (the American Medical Association) continue to standardize our colleges, from the point of their needs, our students will grow less and less, although now on a slight annual increase, and it is only a matter of time when we perish by inanition.

I am fully convinced that our indifference is due to the complaisance with which our men join old school organizations and keep up interest in their affairs, to the neglect of the needs of our school of practice. What can be done with men potent in our councils, who say, "What's the use, we all belong to the American Medical Association anyway?" This is not true of some ten thousand Homœopathists, nor should it be of any who believe in practice according to the homœopathic method, if any handicap remains upon any other practitioner who does the same. All should be loyal to their own school.

It may be, some believe it, that enough recognition is accorded us to warrant our disbanding and joining the old school ranks bodily; but those of us who are not ready to do that dislike to sit idly by and see our prestige fade away without attempting something to give the people confidence in the only rational system of applying drugs.

If a separate board here in Minnesota is possible or feasible, which it is not unless we agree on it as a whole and stick to it, will it help us out by putting more men in our field? If not, what will? Or, shall we drift on down to fifty, to twenty-five, and to none at all, as death and removal cut down our members, and let Homœopathy die out in this rich and prosperous community?

In few other States is our situation more desperate after all the advantages we once had.

INTERNATIONAL HOMŒOPATHIC COUNCIL.

THE International Homœopathic Council meeting set for The Hague, August 6th, 7th and 8th was annulled on account of the war, but an emergency meeting was held in the London Homœopathic Hospital. About ten American homœopathic physicians were present. It was a hold over meeting "until happier times."

There should be added to the list of English speaking Homœopaths the following in Holland:

Dr. Bouman Schoolholm, Groningen.

Dr. DeGroot, Stationstraat 3, Utrecht.

Dr. Bos, Singel 40, Dordrecht.

Dr. R. A. B. Oosterhuis, Van Baerlstraat 90, Amsterdam.

Dr. Wouters, Stationsplein 40, Arnhem.

Dr. Tuinzing, Haringvliet 26, Rotterdam.

Dr. Voorhoeve, Regentesselaan 27, The Hague.

Dr. Vander Harst, Almen.

Nearly all of these are in towns frequented by tourists.

NEWS ITEMS.

CALIFORNIA.

Hahnemann Medical College of the Pacific opened in August with 28 new matriculates. This is good news and is evidence that Homœopathy is not dead on the Pacific coast. The college has undergone renovation, new laboratory space and equipment have been added and the college is on a solid basis.

COLORADO.

The physicians of Colorado are being asked to advocate a physician for the U. S. Senate on the promise of working for National Legislation in the matters of public health, which, of course, means the Owen bill and other activities advocated by the American Medical Trust, of which the candidate is a member. The circular letter sent out is signed by twelve physicians, eleven of whom are A. M. A. members and Dr. D. A. Strickler, who is a member of the local allopathic society, and who *represents Homœopathy on the Colorado State Examining Board!*

MASSACHUSETTS.

Dr. N. Emmons Paine, of Newton, and Henry F. Harris, of Worcester, have been reappointed trustees of the Homœopathic Hospital, Boston, by Gov. Walsh.

Drs. Mary A. Leavitt, Edwin W. Smith and Thomas E. Chandler announce their removal to 19 Bay State Road, Boston. Telephone, Back Bay 6260. Dr. Leavitt will have office hours from 2 to 3; Drs. Smith and Chandler by appointment.

The Massachusetts Homœopathic Hospital Directory of Nurses has removed to 71 St. Mary's street, Boston. Telephone, Brookline 831. The registry is still under the able management of Miss Elizabeth J. Tisdale.

Dr. Eliza B. Cahill, of Hotel Westminster, Boston, is President of the Professional Women's Club, Boston. She enjoyed a vacation during the month of August.

Dr. George B. Rice has been engaged in theatricals

at Brookline for the benefit of the Brookline Friendly Society.

G. L. Thorndike, of East Boston, who died recently, left an estate of $200,000.00 to build a hospital in memory of his brother, William H., for twenty-five years surgeon at the City Hospital (Old School), Boston.

Dr. John R. Noyes, of Brockton, was recently elected President of the Brockton Medical Society.

Dr. James D. Christie, of Littleton Common, has been in practice there some four years, and is school and town physician, and member of local Board of Health.

Dr. H. B. Pitcher, of Leominster, is on the Board of Health there.

In a newspaper interview Dr. Winfield Smith is quoted regarding the debutante slouch! He regards it as very harmful. It sounds as though it might be.

There is a good opening for a physician in Marion or Mattapoisett. The death of one of the Marion doctors has left a large practice there on the hands of old school men, already with practices larger than they can attend.

The Boston District Homœopathic Medical Society went strongly on record as opposed to an anti-vaccination bill in the State Legislature, at one of its meetings. The bill was later defeated. At that meeting Dr. David L. Baldwin gave a talk on "Serum Treatment in Pneumonia," and Dr. Howard W. Nowell gave a resumé of experimental cancer research work.

In a paper read before the Connecticut State (Homœopathic) Medical Society, Dr. Nowell spoke regarding his work, and said that in 230 cases of most advanced stages, where he had used his serum, 30 showed permanent improvement, and 32 had died.

Dr. Belle J. Allen, of Baroda, India, superintendent of a large missionary hospital there, has been in this country on a speaking tour connected with the work done in the hospital, and outside, by the missionaries.

Dr. DeWitt Wilcox, in a sex education talk recently, advocated requiring physicians to report certain diseases, as they report tuberculosis, etc.

In the death of Dr. Anna Lovering early in the year (February) Boston University Medical School lost one of its firm friends, and a faithful worker. Dr. Lovering was four years Librarian at the Medical School, and aided many medical students in many other lines than along those of her official position.

Dr. Francis M. Bennitt, aged 56, died in Springfield (Mass.), July 29. He was a member of School Board, and also of the staff of the Wesson Memorial and Wesson Matenity Hospitals (Homœopathic), at Springfield.

Politics and medicine are being mixed up, in a large measure, among our old school friends in Boston. Friends of Medical Examiner George B. Magrath are urging his re-appointment in Boston, and political enemies are working hard for a new examiner. Gov. Walsh strides the fence and Dr. Magrath holds the office, some seven months since his term expired, as the Governor will take no action. At the College of Physicians and Surgeons (Boston) two prominent trustees recently resigned, claiming favoritism was shown certain members of the recent graduating class. Twenty-three students graduated, thirteen were given degrees of that number. The other ten complained to Trustees, and a hearing showed that degrees were withheld till the graduates passed the State Board exams. The Trustees recommeded that eeven of the ten be granted degrees, but this was not done.

The report for the year 1914, the 37th annual report of the Adams' Nervine, at Jamaica Plain, has been issued. Dr. Edward B. Lane is resident physician, There are accommodations for 36 females and 13 male patients.

Among recent interesting reprints sent out are two by Dr. Clarence E. Burt, "Acute and Chronic indigestion," and "Skin Manifestations of Diseases in Children." Another is by George R. Southwick, M. D., M. R. C. S., Eng., and F. A. C. S., Boston, on "The Treatment of Fibroid Tumors With a Report of 100 Operations."

The State (Mass.) Homœopathic Medical Society List of Members and Committees for 1914-1915 is an interesting booklet of 64 pages. 12 names are listed in the "Memoriam" column, of members who passed away during the year,—one, Dr. Arthur Fisher, being 97 years old, at time of his lemise.

L. F. KEITH, M. D.,
Wareham, Mass.

MICHIGAN.

Dr. C. A. Burrett has returned from Europe, having escaped the Zeppelins, and has resigned from the Homœopathic College Faculty to accept the Professorship of Surgery in the Homœopathic Medical College of Ohio State University at Columbus. Dr. Burrett's connections with the Michigan College was of great benefit to that institution and the regret at losing him is very great.

Dr. W. B. Hinsdale finished his work as a representative of the Council on Medical Education in establishing the Ohio University school with satisfaction to all.

The Homœopathic College opens on September 29th. A fine class is expected.

OHIO.

The Homœopathic Medical College of the Ohio State University will open at Columbus on September 16th. Entrance requirements for 1914-15, Certificate from the State Board of Medical Registration and Examination. Full credit will be given to students for the work done at Cleveland Pulte.

BOOK REVIEWS.

DISEASES OF THE SKIN, INCLUDING THE ERUPTIVE FEVERS. By Frank Crozer Knowles, M. D., Istructuor in Dermatology in the University of Pennsylvania; Clinical Professor of Dermatology, Women's Medical College of Pennsylvania; Fellow of the College of Phy-

sicians of Philadelphia, etc. Octavo, 546 pages, with 199 engravings and 14 plates. Cloth, $4.00, net. Lea & Febiger, Publishers, Philadelphia, and New York, 1914.

Probably the most striking feature of this new work is its splendid series of large and clear illustrations, nearly all of which are original, and most of which are photographs of the author's own case. For its illustrations alone, the book should have a place in the library of every doctor who treats dermal affections. The work is usually complete in that it covers every eruption of the skin and contiguous mucous membranes, and includes not only the exanthemata but also the acute eruptive fevers that are constantly or occasionally accompanied by a cutaneous outbreak. Every practical point in treatment is emphasized and nothing is left to guesswork or is written in mere outline, as is too often the ase in dermatological books. The treatment is given as if the author were giving full instructions to a patient in the office, which kind of presentation is most helpful to the student or practitioner. The sections on diagnosis are just as carefully sonstructed, and in addition valuable aid for purposes of differentiation will be found in the illustrations. It is difficult to see how the careful reader of this work could fail to obtain uniformly good results in the practice of cutaneous medicine.

Local Anesthesia: Its Scientific Basis and Practical Use. By Professor Dr. Heinrich Braun, Obermedizinalrat and Director of the Kgl. Hospital at Zwickau, Germany. Translated and edited by Percy Shields, M. D., A. C. S., Cincinnati, Ohio, from the third revised German edition. Octavo, 300 pages, with 215 illustrations in black and colors. Cloth, $4.25, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

Braun is, without question, the world's greatest authority on local anesthesia, and it is his work, especially in the perfection of technique, which has made possible the successful use of local anesthetics in general surgery and the surgical specialties. In this book the vague, erratic and unsatisfactory efforts which have been made in this field for many years are systemized, and a logical procedure, based upon scientific facts and having an exact and undeviating technique, is offered. The development of the various local anesthetic methods is demonstrated objectively, so that the reader will be able to make practical use of local anesthesia. This has been accomplished by descriptions of many operations performed under local anesthesia, with the aid of numerous illustrations, many of which are photographs taken during these operations. There is no doubt that brilliant results are being obtained almost daily with infiltration and conduction anesthesia, and the use of general anesthetics is being correspondingly reduced. Leaving the many other advantages of local anesthesia out of consideration, the total absence of mortality and injury to the tissues should give it a permanent and important place in surgery. Up to the present time the various surgical text-books have been given but little attention to local anesthesia, and the monographs have concerned themselves with special and individual methods. This work, therefore, may be regarded as the first and only one of high authority which covers the whole subject completed and places the entire present knowledge thereof at the disposal of the profession. In the portion of the book dealing with the specialties the author has been aided by specialists in their respective fields. The illustrations are numerous, many are in colors, and many have been drawn by Professor Braun himself.

Blood Pressure in Medicine and Surgery. A Guide for Students and Practitioners. By Edward H. Goodman, M. D., Associate in Medicine in the University of Pennsylvania. 12mo, 226 pages, illustrated. Cloth, $1.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

No physician is properly equipped to-day unless he understands blood pressure and carries with him an instrument for its measurement. It is quite as important as the thermometer and stethoscope. The subject has been thoroughly investigated in all its bearings by many of the foremost physiologists and clinicians.

A brief, clear and authoritative book has been needed to place this definite body of knowledge readily at command of the practitioner of medicine and surgery. Dr. Goodman has devoted years of study to the subject, and is qualified to present it in every particular. He covers the physics and physiology sufficiently to convey an understanding of the principles, and then devotes successive chapters to Hypertension and Hypotension; Blood Pressure in Cardiovascular, Renal, Infectious and Nervous Diseases. Chapters are also given on Blood Pressure in Obstetrics and in Surgery. Then the author deals with conditions in the Gastro-intestinal tract and the Internal Secretory Glands and in Ophthalmology. He closes with chapters on the Effect of Drugs and other Therapeutic Measures on Blood Pressure and on the treatment of Hypertension and Hypotension. His style is exceedingly simple, clear and direct, and he introduces many typical and instructive diagrams. As an authoritative compendium of the subject this handy volume accomplishes its purpose "to make fully available the assistance which the study of blood pressure affords in the diagnosis, prognosis and treatment of disease."